

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILING DATE

10/590266

APPLICATION

CLAIMS

	AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT			AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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2		1											
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TOTAL REQ.	1												
TOTAL OPT.	4												
TOTAL CLAIMS	3												